

STATE OF COLORADO, DIVISION OF ADMINISTRATIVE HEARINGS

Filed at:

- ☐ 1120 Lincoln Street, Suite 1400, Denver, CO 80203 (for hearings in Denver and northern Colorado)
☐ 1259 Lake Plaza Drive, Suite 210, Colorado Springs, CO 80906 (for hearings in southern Colorado)
☐ 222 S. 6th Street, Suite 414, Grand Junction, CO 81501 (for hearings in western Colorado)

APPLICATION FOR HEARING AND NOTICE TO SET

Claimant,

W.C.#: _____

vs

Employer,

and

Date of Injury: _____

Insurer, Respondents.

A. Application for Hearing: Filed by or for _____ (Print Name of Party)

It is requested that this matter be set for hearing in (check one):

- ☐ Alamosa ☐ Boulder ☐ Colorado Springs
☐ Denver ☐ Durango ☐ Ft. Collins ☐ Glenwood Springs ☐ Grand Junction ☐ Greeley ☐ Pueblo

- ☐ **Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (HB03-1322).**

The following issues shall be considered at the hearing:

☐ Compensability

☐ Temporary Total Benefits from

Medical Benefits

_____ to _____

- ☐ Authorized provider
☐ Change of physician
☐ Reasonably necessary
☐ Related to injury
☐ Treatment after max. improvement

☐ Temporary Partial Benefits from

_____ to _____

☐ Average Weekly Wage

☐ Permanent Partial Benefits

☐ Subsequent Injury Fund

☐ Permanent Total Disability Benefits

☐ Petition to Reopen Claim

☐ Death Benefits

☐ Disfigurement

☐ Insurance Coverage

- ☐ Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.

- ☐ Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

Witnesses to be called at the hearing or by deposition: List names and addresses:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Attach additional pages if necessary)

B. Request for the Division to Set the Matter for Hearing:

If you are not represented by an attorney and would like the Division of Administrative Hearings to set this case for you, please check here: ☐ Do not fill out Section C. Complete Sections D and E.

C Notice to Set

A setting date shall be on a Tuesday, Wednesday, or Thursday, between the hours of 8:00 am to 12:00 noon or 1:00 pm to 3:00 pm, at least ten days and no more than twenty days after this **APPLICATION FOR HEARING AND NOTICE TO SET** has been mailed.

The undersigned will contact the Division of Administrative Hearings,

☐ Denver at <http://www.colorado.gov/dpa/doah/WCSet.htm>, or (303) 764-1420, for hearings to be held in Denver, Boulder, Greeley and Fort Collins, or in Colorado Springs, Pueblo, and Alamosa, or

☐ Grand Junction at (970) 248-7340, for hearings to be held in Grand Junction, Durango, and Glenwood Springs,

on the _____ day of _____ 20____, at _____ .M., to set this matter for hearing. Other parties will be called by the undersigned to confirm a date. Personnel authorized to confirm settings should be available with a calendar at that time.

D.: Signature

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

FAX

Date

E-Mail Address

☐ Check here if this is the Entry of Appearance for the Attorney. Party Attorney is Representing _____
(Print Name of Party)

E. Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

☐ Division of Administrative Hearings
1120 Lincoln Street, Suite 1400
Denver, CO 80203

☐ Division of Administrative Hearings
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

☐ Division of Administrative Hearings
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Signature

Date Mailed

REV 06/03